



OFFICE OF THE ILLINOIS STATE TREASURER  
ALEXI GIANNOULIAS  
CIRCUIT CLERK REMITTANCE FORM

Mail Form To: *Office of the Illinois State Treasurer  
Accounting Division  
300 West Jefferson  
Springfield, IL 62702*

Make Checks Payable To: *Treasurer of the State of Illinois*

_____	_____	_____
Circuit Clerk Name		County Name
_____	_____	_____
Contact Name	Contact Phone Number	Today's Date

<u><b>Name of Fund</b></u>	<u><b>Check Number</b></u>	<u><b>Check Amount</b></u>
Drivers Education Fund	_____	_____
Violent Crime Victims Assistance Fund	_____	_____
Drug Treatment (or Drug Assessment) Fund	_____	_____
Domestic Violence <b>Shelter and Service</b> Fund	_____	_____
Domestic Violence Shelt & Serv Fund <b>for Domestic Battery</b>	_____	_____
Domestic Violence <b>Abuser Services</b> Fund	_____	_____
Trauma Center Fund	_____	_____
Child Abuse Prevention Fund (Fines in excess of \$10,000)	_____	_____
DUI Equipment GRF 80%	_____	_____
Mandatory Arbitration Fund	_____	_____
Sexual Assault Services Fund	_____	_____
LEADS Maintenance Fund	_____	_____
Law Enforcement Camera Grant Fund	_____	_____
Spinal Cord Injury Paralysis Cure Research Trust Fund	_____	_____
Traffic & Criminal Conviction <b>Surcharge</b> Fund	_____	_____
T&CCSF (\$4 penalty)	_____	_____



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Co-Mingled Funds (Fines < \$55) <b>12%</b> to State Treasurer		
Co-Mingled Funds (Fines > \$55) <b>16.825%</b> to State Treasurer		
Illinois Animal Abuse Fund		
Fire Prevention Fund		
Sex Offender <b>Management Board</b> Fund		
Methamphetamine Law Enforcement Fund		
Lump Sum Surcharge check		
(Effective 6/30/06: additional penalty of \$10 for every \$40, or fraction thereof, to be allocated by the State Treasurer's Office to LEADS Maintenance Fund and Law Enforcement Camera Grant Fund)		
Prisoner Review Board Vhcl & Equip Fund		
Fire Truck Revolving Loan Fund		
Sex Offender <b>Investigation</b> Fund		

**TOTAL AMOUNT REMITTED**

Please check box if payment was ACH'd to the Treasurer's Office

☐

Yes